LBF 1017-2

DISTRICT OF NEW HAMPSHIRE In re: Debtor(s) Chapter _____ AFFIDAVIT OF PAYMENT OF FEES The undersigned depose and say as follows: All fees owing by the above-captioned debtor(s) to the United States Bankruptcy Court for the District of New Hampshire and the United States Trustee including, without limitation, unpaid installment filing fees, excess claims fees, fees for noticing the first meeting of creditors and quarterly fees payable to the United States Trustee, have been paid in full by said debtor(s). [Form for Individual Debtors] Date: _____ _[Print Name] [Form for Partnership/Corporate Debtors] Date: [Print Name] Duly Authorized [Form for Attorneys] Date: [Print Name] STATE/COMMONWEALTH OF_____ COUNTY OF____ Subscribed and sworn to before me this ____ day of _____, 19___, by ____ [Name(s) of Deponent(s)]. Notary Public

My commission expires:

UNITED STATES BANKRUPTCY COURT